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BOX AF

EXPEDITED PROCEDURE

Group Art Unit: 3731
Docket No.: OSTEONICS 3.0-322

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Patrick Raugel

Application No.: 10/007,130

Filed: November 5, 2001

For: HANDLING DEVICE FOR ACETABULAR
BEARING LINER

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: Group Art Unit: 3731
:
::: Confirmation No.: 2165
:
::: Examiner: D. J. Davis
:
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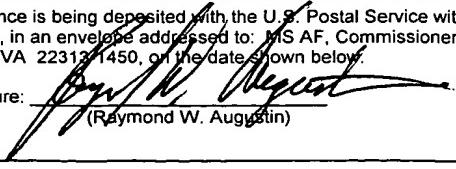
AMENDMENT UNDER 37 CFR 1.116

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

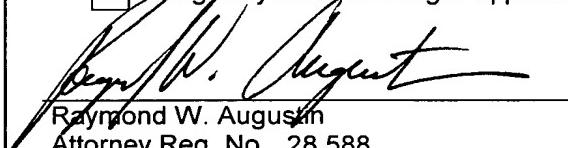
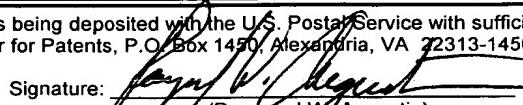
In response to the Office Action dated July 14, 2004, finally rejecting claims 1-13 and 18-27, please amend the above-identified U.S. patent application as follows:

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 11, 2004 Signature: 
(Raymond W. Augustin)

OCT 14 2004
TRADEMADE OFFICE
OCT 14 2004

2004
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AMENDMENT TRANSMITTAL LETTER				Expedited Procedure	
Application No. 10/007,130	Filing Date November 5, 2001	Examiner D. J. Davis		Group Art Unit 3731	
Applicant(s): Patrick Raugel				Docket No. OSTEONICS 3.0-322	
Invention: HANDLING DEVICE FOR ACETABULAR BEARING LINER					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	23	- 20 =		x	0.00
Independent Claims	2	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity			<input type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. _____ as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Raymond W. Augustin Attorney Reg. No. 28,588			Dated: October 11, 2004		
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6318					
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Dated: October 11, 2004		Signature:  (Raymond W. Augustin)			